



**CITY OF LONG BEACH**  
**DEPARTMENT OF HUMAN RESOURCES**  
**REQUEST FOR CATASTROPHIC LEAVE**  
(Reference: Personnel Policy 5.4)

**COMPLETED BY EMPLOYEE OR AUTHORIZED REPRESENTATIVE**

Name (please print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department/Bureau/Division: \_\_\_\_\_

I request permission for a Catastrophic Leave because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Expected date of return: \_\_\_\_\_

I authorize the posting of notices for donations:

- \_\_\_\_\_ In all City departments  
\_\_\_\_\_ In my department only  
\_\_\_\_\_ Do not post

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone Number

**COMPLETED BY EMPLOYEE'S DEPARTMENT**

☐ **APPROVED**

(I understand that, upon return from leave, employee is entitled to the same or a substantially-similar position).

☐ **DENIED**

I have denied the employee's request because: \_\_\_\_\_

I have discussed the reason(s) for denial with the employee: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

(Forward all requests to the Department of Human Resources)

**HUMAN RESOURCES DEPARTMENT**

☐ **APPROVED**

☐ **DENIED**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director of Human Resources or Designee

\_\_\_\_\_  
Date